



Young Athletes Diving Training Scheme 2018-19 資助 2018-19 年度青苗跳水訓練計劃



Application Form 報名表格

Course 課程:	Course Code 課程編號:	
	Personal Information 個人資料	
Name in block letters (surna	me first) 英文姓名:請以正楷填寫 (先寫姓氏)	
Name in Chinese 中文姓名:	Sex 性別	:
Date of Birth 出生日期:		t no. 香港身份證 / 護照號碼:
Contact Address 通訊地址:		
Contact Tel no./聯絡電話號	碼: 曾參與本計劃之年份及班別編號:	
Email Address 電郵地址(請以]	E階清楚填寫,本會將以電郵方式發放資訊) ————————————————————————————————————	_
In case of any emergency,	please contact 如有任何緊急事情,請代通知:	
Name in English 英文姓名:	Name in Chines	se 中文姓名:
Tel no. 電話號碼:	Relationship 關	
our Association and the subvafter submission of this form 你所提交的資料只用	ryou will only be used for the enrollment and promotion overted party, future contact purpose and opinion survey. In, please contact the staff of our Association. I 於本會與及資助機構的康體活動報名事表後,如欲更改或查詢你申報的個人資	For correction of or access to personal data 宜、統計、日後聯絡及活動意見調
Declaration 責任聲明		
Services Department shall not own negligence or inadequacy in this activity. <u>年滿十八歲或以上的申請人須填</u> 我聲明:我的健康及體能良好,沒	gree to assume all of those risks. The Hong Kong Amateur Sw be liable for any injury or death which I may suffer in this act in health and fitness. I understand that if I am doubt of my al 寫此聲明 實上學明 實上學別 實上學別 實上學別 實	ivity, if the cause of injury or death is due to my pility, I should consult a doctor before taking part 它所有這些危險。如果我因疏忽或健康或體能欠佳,
Signature of applicant: 由譜者	簽署 :Date 日期:	
For Applicants aged below 18, this part should be completed by his/her parent		
I declare that: (applicant's name) is healthy, physically fit, and suitable to participate in this activity.		
Applicant acknowledges that he/she is fully aware of all the risks inherent in this activity and agrees to assume all of those risks. The Hong		
	ciation and Leisure and Cultural Services Department shall not	
may suffer in this activity, if the cause of injury or death is due to his/her own negligence or inadequacy in health and fitness. Applicant understands that if he/she is doubt of his/her ability, he/she should consult a doctor before taking part in this activity.		
understands that it he/she is t	oubt of his/her ability, he/she should consult a doctor before	taking part in tins activity.
未滿十八歲的申請人須由家長填	寫此聲明	
我聲明:		
]疏忽或健康或體能欠佳,而引致於參加這項活動時傷亡,香港業餘 於參加此活動前,徵詢醫生的意見。	游泳總會及康樂及文化事務署則無須負責。我明白如
Parent's/ Guardian's Signature	家長/ 監護人簽署: Dat	e 日期:
連同以下文件遞交:		
□ 身份証明文件副本	□ 青苗/跳水推廣計劃出席證書 或 比賽成績證明	□ 劃線支票